TIGI HAIRDRESSING ACADEMY NEWTOWN
99 South Main Street Newtown, CT 06470
203-426-1138

Student Grievance Form

NAME _____
ADDRESS _____
_____

SOCIAL SECURITY #_____TELEPHONE_____

1. Please provide a one or two sentence description of your complaint.
_____
_____
_____

2. Please describe the nature of your complaint in full detail indicating what happened, when the event occurred and who was involved. If additional space is needed, use the reverse side.
_____
_____
_____
_____
_____
_____
_____

3. Indicate when and with whom you have already spoken regarding this grievance and what attempts have been made toward resolution.
_____
_____
_____

4. Indicate what specific resolution you are seeking or recommending.
_____
_____
_____
_____

I hereby certify that the statements made pertaining to my complaint are truthful and accurate.

_____ _____/_____/_____
Signature of Complainant Date

Office of Higher Education-Executive Director (860) 947-1816